

Personal Financial Statement



| PERSONAL INFORMATION | | |
|---|----------------------------|------------------------|
| Complete this form for: (1) each owner, or (2) each general partner, or (3) each limited partner who owns 20% or more interest, or (4) each shareholder owning 20% or more of voting stock, or (5) any person or entity providing a guaranty on the loan. | | |
| Name | Social Security # | Date of Birth |
| Address | City | County State ZIP Code |
| Email Address | Residence Phone | Business Phone |
| Spouse's Name | Spouse's Social Security # | Spouse's Date of Birth |

| ASSETS | | LIABILITIES | |
|---|--|---|---|
| Cash | <input type="checkbox"/> At Legacy National Bank \$ _____ <input type="checkbox"/> At Other Institutions \$ _____ | Credit Cards (Describe in Section 3) | \$ _____ |
| Stocks and Bonds (Provide statements) | \$ _____ | Installment Accounts/Autos | <input type="checkbox"/> Paid by Business \$ _____ Mo. Pymt.: \$ _____ <input type="checkbox"/> Paid Personally \$ _____ Mo. Pymt.: \$ _____ |
| CSVLI (Face value \$ _____) | \$ _____ | Installment Account/Other (Describe in Section 3) | \$ _____ Mo. Pymt.: \$ _____ |
| IRA or Other Retirement Accounts (Provide statements) | \$ _____ | Mortgages on Real Estate | \$ _____ |
| Real Estate (Describe in Section 1) | \$ _____ | Other Liabilities (Describe in Section 4) | \$ _____ |
| Notes Receivable | \$ _____ | Total Liabilities | \$ _____ |
| Other Personal Property | \$ _____ | Net Worth | \$ _____ |
| Other Assets (Describe in Section 2) | \$ _____ | Total | \$ _____ |
| Total | \$ _____ | Total | \$ _____ |

| SOURCES OF INCOME | | CONTINGENT LIABILITIES | |
|---|----------|--------------------------|----------|
| Salary | \$ _____ | As Endorser or Co-Maker | \$ _____ |
| Net Investment Income | \$ _____ | Legal Claims & Judgments | \$ _____ |
| Real Estate Income | \$ _____ | Other Special Debt | \$ _____ |
| Spousal Income | \$ _____ | Describe: | |
| Other Income* Describe: | \$ _____ | | |
| * Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income. | | | |

SECTION 1. REAL ESTATE (List each property separately. Use Real Estate Supplement for additional properties.)

| Items | Property 1 | Property 2 | Property 3 |
|--|--|--|--|
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Title in Name Of / % of Ownership | _____ % | _____ % | _____ % |
| Mortgage Holder | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month / Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year |
| Home Equity Line / Loan | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ |
| If Rental Property, Rental Income Amount | | | |



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SECTION 2. OTHER ASSETS

Describe and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.

SECTION 3. INSTALLMENT DEBT/CREDIT CARDS (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Name of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (Monthly, etc.) | How Secured or Endorsed/Type of Collateral |
|-----------------------|------------------|-----------------|----------------|---------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 4. OTHER LIABILITIES

Unpaid taxes for prior years or other debts; describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

TRUST CERTIFICATION

Are any of your assets held in trust? Yes No If yes, is trust: Revocable Irrevocable

If yes, please also describe the trust and complete the following Certification of Trust.

Certification of Trust

_____ established the _____, dated _____

Name of Trustor(s)

Name of Trust

The trust will not be revoked or substantially amended for the term of the loan without the consent of lender. This Certification of Trust is being submitted in lieu of a copy of the trust instrument. The purpose of this declaration is to verify the existence and terms of the Trust, including the Trustee's unlimited power to borrow, guaranty, and encumber trust assets, lend them as collateral, and lease them to third-parties. There is nothing in the Trust Agreement that would prevent the lender from initiating action on any security interest held on trust assets. The Trust Agreement has specific language confirming the above.

As Trustee(s) of the above-named trust, I/we declare the following:

- All currently acting trustees of the trust have been identified on this Certification of Trust and have signed this declaration.
- The trust is still in effect. It has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.

I certify under penalty of perjury that all of the information on this form is true to the best of my knowledge.

Trustee's Signature Address Phone Number Date

Trustee's Signature Address Phone Number Date

AGREEMENT

I authorize Legacy National Bank to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Name Signature Date

Spouse's Name Spouse's Signature Date



Real Estate Supplement



| ADDITIONAL REAL ESTATE (List each property separately.) | | | |
|---|--|--|--|
| Items | Property 4 | Property 5 | Property 6 |
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Title in Name Of / % of Ownership | 1. _____% 2. _____% | 1. _____% 2. _____% | 1. _____% 2. _____% |
| Mortgage Holder | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month / Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year |
| Home Equity Line / Loan | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ |
| If Rental Property, Rental Income Amount | | | |
| Items | Property 7 | Property 8 | Property 9 |
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Title in Name Of / % of Ownership | 1. _____% 2. _____% | 1. _____% 2. _____% | 1. _____% 2. _____% |
| Mortgage Holder | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month / Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year | <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year |
| Home Equity Line / Loan | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ |
| If Rental Property, Rental Income Amount | | | |

